

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

2646

980

BIRTH NO. 49-004139 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOMER G. PHILLIPS</u>		d. STREET ADDRESS (If rural, give location) <u>6103 S. BROADWAY</u>	
3. NAME OF DECEASED (Type or Print) <u>EARL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 29 1949</u>	
a. (First)		b. (Middle)	
c. (Last)		5. SEX <u>MALE</u> 6. COLOR OR RACE <u>COL.</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>JAN 5, 1949</u>	
9. AGE (In years last birthday) <u>24</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO.</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>EARL EVANS SR.</u>	
13b. MOTHER'S MAIDEN NAME <u>NELVIE CAMPBELL</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Earl Evans</u>		ADDRESS <u>6103 S. Broadway</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>107 7630</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:10 P.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Patrick E. Taylor</u>		23b. ADDRESS <u>1300 Clark Ave</u>	
23c. DATE SIGNED <u>2/1/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>FEB. 2, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAKDALE</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, CO. MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Elmer H. Pettis</u>	
25. ADDRESS <u>3000 BELL</u>		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Esther A. Harris*

Licensed Embalmer No. *4458*

P. O. Address *3510 Bell Ave*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.